

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/544573

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1			1			
2				1		
3				1		
4				1		
5				1		
6				1		
7				4		
8			1			
9			1			
10				1		
11				1		
12				4		
13				4		
14			1			
15			1			
16				2		
17				2		
18				2		
19				2		
20				2		
21				2		
22			1			
23			1			
24				2		
25				2		
26				4		
27				4		
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48						
49						
50						
TOTAL IND.		↓	7	↓		↓
TOTAL DEP.		←	43	←		←
TOTAL CLAIMS			50			

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
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99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						